



## **APPLICATION FOR HOME OCCUPATION**

Address: \_\_\_\_\_ Apt#:

Applicant's Name:

Day time Telephone #:

Description of Business:

Are you the property Owner? Y or N      Do you Rent? Y or N

If yes, Property Owners Name:

1. List all major equipment utilized in this Business:

2. Will there be any noise or emissions noticeable to neighbors? Y or N

3. Will there be any Signs put on the property in relation to this Business? Y or N

4. Will customers visit the property? Y or N

If yes, how many people are expected at any one time?

I certify that I have personally answered all questions on this application and that they are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

**ISD use only, do not write in this space**

**Zoning District:**      **Allowed per 11.4.E: Y or N**      **Does use comply with 2.2.69: Y or N**

**Inspector:**